

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Friends of Jane Dittmar

ADDRESS (number and street)

213 Huntley Drive

Check if different  
than previously  
reported. (ACC)

Charlottesville

VA

22903

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00585976

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

VA

05

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jennifer Brown

Signature of Treasurer

Jennifer Brown

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Friends of Jane Dittmar

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	77660.00	77660.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	77660.00	77660.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	10963.47	10963.47
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	10963.47	10963.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	66696.53	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	9901.37	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 26

Write or Type Committee Name

Friends of Jane Dittmar

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

73950.00

73950.00

(ii) Unitemized.....

1010.00

1010.00

(iii) TOTAL of contributions from individuals ▶

74960.00

74960.00

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

0.00

0.00

**(d) The Candidate.....**

2700.00

2700.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

77660.00

77660.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

77660.00

77660.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 26

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10963.47	10963.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	10963.47	10963.47

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	77660.00
25. SUBTOTAL (add Line 23 and Line 24).....	77660.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10963.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	66696.53

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**Dorothy Batten**

Mailing Address 1203 Hilltop Rd

City

Charlottesville

State

VA

Zip Code

22903-1222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Not Employed

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : VR0EWCE5JM4

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

**Melanie Bias**

Mailing Address 156 Wentworth St

City

Charleston

State

SC

Zip Code

29401-1732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wisdom Oak WineryOccupation  
Owner

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : VR0EWCE5JK6

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

**Michael D Bills**

Mailing Address 815 Broomley Rd

City

Charlottesville

State

VA

Zip Code

22901-7821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

Transaction ID : VR0EWCGHY33

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**Michael D Bills**

Mailing Address 815 Broomley Rd

City

Charlottesville

State

VA

Zip Code

22901-7821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

5400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 17 2015

Transaction ID : VR0EWCGHY41

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

**Kelli Sutton Block**

Mailing Address 1400 Blue Ridge Rd

City

Charlottesville

State

VA

Zip Code

22903-1212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Clinical Social Worker

Receipt For: 2016

☐ Primary  
☒ Other (specify)

☐ General  
Convention

Election Cycle-to-Date

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 30 2015

Transaction ID : VR0EWCE5JJ8

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

**Jennifer Brown**

Mailing Address 511 1st St N  
# 501

City

Charlottesville

State

VA

Zip Code

22902-4612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self employed

Bookkeeper

Receipt For: 2016

☐ Primary  
☒ Other (specify)

☐ General  
Convention

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 17 2015

Transaction ID : VR0EWCC6D41

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5650.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**Wendy Brown**

Mailing Address 1505 Dairy Rd

City

Charlottesville

State

VA

Zip Code

22903-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary

☐ General

☒ Other (specify)

Convention

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 27 / 2015

Transaction ID : VR0EWCE5J22

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Bonnie S Carey**

Mailing Address 47322 Sunnybrook Ln

City

Novi

State

MI

Zip Code

48374-3644

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Saint Joseph Medical System

Medical Technologist

Receipt For: 2016

☐ Primary

☒ General

☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 17 / 2015

Transaction ID : VR0EWCGHZ18

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

**Bonnie S Carey**

Mailing Address 47322 Sunnybrook Ln

City

Novi

State

MI

Zip Code

48374-3644

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Saint Joseph Medical System

Medical Technologist

Receipt For: 2016

☐ Primary

☐ General

☒ Other (specify)

Convention

Election Cycle-to-Date

5400.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 17 / 2015

Transaction ID : VR0EWCGHZ26

Amount of Each Receipt this Period

2700.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6400.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 26

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**John L Carey**

Mailing Address 47322 Sunnybrook Ln

City State Zip Code  
Novi MI 48374-3644

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Henry Ford Hospital Physician

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
5400.00

Date of Receipt

M M	D D	Y Y Y Y
09	17	2015

Transaction ID : VR0EWCGHYX8

Amount of Each Receipt this Period

2700.00

**B.** Full Name (Last, First, Middle Initial)  
**John L Carey**

Mailing Address 47322 Sunnybrook Ln

City State Zip Code  
Novi MI 48374-3644

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Henry Ford Hospital Physician

Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt

M M	D D	Y Y Y Y
09	17	2015

Transaction ID : VR0EWCGHYX6

Amount of Each Receipt this Period

2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Julie Christopher**

Mailing Address 2580 Palmer Drive

City State Zip Code  
Charlottesville VA 22902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Not Employed Not Employed

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
2700.00

Date of Receipt

M M	D D	Y Y Y Y
09	30	2015

Transaction ID : VR0EWCE5JE7

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8100.00
---------



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Katy Clossin**

Mailing Address 1680 Union Mills Rd

City State Zip Code  
 Troy VA 22974-3815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 FCI Central Research Analyst

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
 1000.00

Date of Receipt

M M	D D	Y Y Y Y
09	27	2015

Transaction ID : VR0EWCE5J55

Amount of Each Receipt this Period

1000.00
---------

**B.** Full Name (Last, First, Middle Initial)  
**John Conover**

Mailing Address 104 W High St

City State Zip Code  
 Charlottesville VA 22902-5019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 UVA School of Law Attorney

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
 500.00

Date of Receipt

M M	D D	Y Y Y Y
09	24	2015

Transaction ID : VR0EWCE5J71

Amount of Each Receipt this Period

500.00
--------

**C.** Full Name (Last, First, Middle Initial)  
**Bridget Davis**

Mailing Address 501 Lexington Ave

City State Zip Code  
 Charlottesville VA 22902-4713

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Not Employed Not Employed

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
 1000.00

Date of Receipt

M M	D D	Y Y Y Y
09	30	2015

Transaction ID : VR0EWCE5JH0

Amount of Each Receipt this Period

1000.00
---------

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00
---------

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**Christine Eure**

Mailing Address 1556 Dairy Rd

City

Charlottesville

State

VA

Zip Code

22903-1304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paramount Theater

Occupation

Executive Director

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : VR0EWCGJ0Z8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Cynthia Galli**

Mailing Address PO Box 7182

City

Arlington

State

VA

Zip Code

22207-0182

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Transaction ID : VR0EWCE5J97

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

**John Grisham**

Mailing Address PO Box 270

P.O. Box 270

City

North Garden

State

VA

Zip Code

22959-0270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

author

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : VR0EWCGJ0R2

Amount of Each Receipt this Period

2700.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5900.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**John Grisham**

Mailing Address PO Box 270

P.O. Box 270

City

North Garden

State

VA

Zip Code

22959-0270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
author

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : VR0EWCGJ0S0

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

**Renee Grisham**

Mailing Address PO Box 270

P.O. Box 270

City

North Garden

State

VA

Zip Code

22959-0270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : VR0EWCGJ0T8

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

**Renee Grisham**

Mailing Address PO Box 270

P.O. Box 270

City

North Garden

State

VA

Zip Code

22959-0270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary  
☒ Other (specify)

☐ General  
☐ Convention

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : VR0EWCGJ0V6

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**Katherine L Imhoff**

Mailing Address PO Box 197

City

Montpelier Station

State

VA

Zip Code

22957-0197

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Montpelier FoundationOccupation  
President & CEO

Receipt For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2015

Transaction ID : VR0EWCGJ0Q4

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**William J Kehoe**

Mailing Address PO Box 4454

City

Charlottesville

State

VA

Zip Code

22905-4454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of VirginiaOccupation  
professor

Receipt For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : VR0EWCGJ163

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**Sherry Kraft**

Mailing Address 410 2nd St NE

City

Charlottesville

State

VA

Zip Code

22902-4626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Psychologist

Receipt For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : VR0EWCE5JR6

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Russ Linden**

Mailing Address 336 Parkway St

City State Zip Code  
Charlottesville VA 22902-4631

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		25		2015

Transaction ID : VR0EWCE5J63

Amount of Each Receipt this Period

1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Kenneth M Miles**

Mailing Address 300 Jaslie Dr

City State Zip Code  
Cary NC 27518-9175

FEC ID number of contributing federal political committee. **C**

Name of Employer North American Partners in Anesthesia Occupation CFO

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		17		2015

Transaction ID : VR0EWCGJ0C8

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Barton W Morris III**

Mailing Address 390 Broad Axe Rd

City State Zip Code  
Charlottesville VA 22903-7400

FEC ID number of contributing federal political committee. **C**

Name of Employer Signature Family Wealth Advisors Occupation financial advisor

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date  
2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		26		2015

Transaction ID : VR0EWCGCY67

Amount of Each Receipt this Period

2700.00

4700.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**James B Murray Jr.**

Mailing Address 455 2nd St SE

City

Charlottesville

State

VA

Zip Code

22902-5793

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Court Square VenturesOccupation  
Investor

Receipt For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2015

Transaction ID : VR0EWCGCY33

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

**Royann R Murray**

Mailing Address 1058 Blackburn Blf

City

Charlottesville

State

VA

Zip Code

22901-0608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : VR0EWCGJ0X2

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**Cynthia Neff**

Mailing Address 3767 Pritchett Ln

City

Charlottesville

State

VA

Zip Code

22911-5916

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2016

☐ Primary ☐ General  
☒ Other (specify) Convention

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2015

Transaction ID : VR0EWCE5JB3

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4700.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

**A.** Full Name (Last, First, Middle Initial)  
**Linda G Perriello**

Mailing Address **PO Box 15**  
**Box 15**

City **Ivy** State **VA** Zip Code **22945-0015**

FEC ID number of contributing federal political committee. **C**

Name of Employer **retired** Occupation **retired**

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) **Convention**

Election Cycle-to-Date  
**1250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		29		2015

**Transaction ID : VR0EWCGHXT2**

Amount of Each Receipt this Period

**1250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mildred W Robinson**

Mailing Address **1900 River Inn Ln**

City **Charlottesville** State **VA** Zip Code **22901-6203**

FEC ID number of contributing federal political committee. **C**

Name of Employer **University of Virginia School of Law** Occupation **professor**

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) **Convention**

Election Cycle-to-Date  
**250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2015

**Transaction ID : VR0EWCGJ121**

Amount of Each Receipt this Period

**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Deirdre L Smith**

Mailing Address **2652 Jefferson Park Cir**

City **Charlottesville** State **VA** Zip Code **22903-4134**

FEC ID number of contributing federal political committee. **C**

Name of Employer **City of Charlottesville** Occupation **City Councilor**

Receipt For: 2016  
☐ Primary ☐ General  
☒ Other (specify) **Convention**

Election Cycle-to-Date  
**500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		17		2015

**Transaction ID : VR0EWCGHY25**

Amount of Each Receipt this Period

**500.00****SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

<b>2000.00</b>
----------------

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**Sylvia S Smith**

Mailing Address 815 Broomley Rd

City

Charlottesville

State

VA

Zip Code

22901-7821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

Transaction ID : VR0EWCGHYM7

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

**Sylvia S Smith**

Mailing Address 815 Broomley Rd

City

Charlottesville

State

VA

Zip Code

22901-7821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary  
☒ Other (specify)
☐ General  
Convention

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

Transaction ID : VR0EWCGHYN5

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

**John L Snook**

Mailing Address 2408 Hillwood Pl

City

Charlottesville

State

VA

Zip Code

22901-2921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Snook &amp; Haughey, P.C.

Occupation

attorney

Receipt For: 2016

☐ Primary  
☒ Other (specify)
☐ General  
Convention

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2015

Transaction ID : VR0EWCGCY41

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6400.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**Frank J Squillace**

Mailing Address PO Box 277

City

Charlottesville

State

VA

Zip Code

22902-0277

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charlottesville Regional Chamber of Co

Occupation

Vice President

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		29		2015

Transaction ID : VR0EWCGJ0G9

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

**Blair Williamson**

Mailing Address 731 Locust Ave

City

Charlottesville

State

VA

Zip Code

22902-4912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

S. L. Williamson Co Inc

Occupation

Road Construction

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		22		2015

Transaction ID : VR0EWCE5JC1

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**Roberta Williamson**

Mailing Address 731 Locust Ave

City

Charlottesville

State

VA

Zip Code

22902-4912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2016

☐ Primary☐ General☒ Other (specify)

Convention

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		29		2015

Transaction ID : VR0EWCE5JP0

Amount of Each Receipt this Period

2700.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

7900.00

73950.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 26

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	-------------------------------------	---	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**Full Name (Last, First, Middle Initial)  
**Jane D Dittmar**Mailing Address **PO Box 277**

City	State	Zip Code
Charlottesville	VA	22902-0277

FEC ID number of contributing  
federal political committee.**C** **H6VA05118**Name of Employer  
selfOccupation  
mediator

Receipt For: 2016

☐ Primary ☐ General  
☒ Other (specify) ☐ Convention

Election Cycle-to-Date

**2700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : **VR0EWCGHXZ1**

Amount of Each Receipt this Period

**2700.00**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....**2700.00****2700.00**

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 26

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Friends of Jane Dittmar

Full Name (Last, First, Middle Initial)

**A. ActBlue**Mailing Address 14 Arrow St  
Ste 11City State Zip Code  
Cambridge MA 02138-5106Purpose of Disbursement  
Online transaction fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

1023.47
---------

Transaction ID : VQZFMA08FE8

**B. Genevieve Cox**Mailing Address 120 Hessian Hills Rdg  
Apt 4City State Zip Code  
Charlottesville VA 22901-2538Purpose of Disbursement  
Website video

004

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2015

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : VQZFMA08F73

**c. Genevieve Cox**Mailing Address 120 Hessian Hills Rdg  
Apt 4City State Zip Code  
Charlottesville VA 22901-2538Purpose of Disbursement  
Design

004

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2015

Amount of Each Disbursement this Period

450.00
--------

Transaction ID : VQZFMA08F99

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1723.47

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 26

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Friends of Jane Dittmar

Full Name (Last, First, Middle Initial)

**A. Genevieve Cox**Mailing Address 120 Hessian Hills Rd  
Apt 4

City Charlottesville State VA Zip Code 22901-2538

Purpose of Disbursement  
Website video

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	20	2015

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : VQZFMA08F81

**B. Jeremy Glode**

Mailing Address 1414 Monticello Rd

City Charlottesville State VA Zip Code 22902-6224

Purpose of Disbursement  
Services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	03	2015

Amount of Each Disbursement this Period

350.00
--------

Transaction ID : VQZFMA08FF6

**c. Jeremy Glode**

Mailing Address 1414 Monticello Rd

City Charlottesville State VA Zip Code 22902-6224

Purpose of Disbursement  
Services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	20	2015

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : VQZFMA08FG4

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

800.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 26

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Friends of Jane Dittmar

Full Name (Last, First, Middle Initial)

**A. Lifeview Marketing**Mailing Address 401 E Market St  
# 14

City Charlottesville State VA Zip Code 22902-5264

Purpose of Disbursement  
Website video

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	03	2015

Amount of Each Disbursement this Period

600.00
--------

Transaction ID : VQZFMA08FC3

**B. Melody Robbins Photography**

Mailing Address PO Box 822

City Earlysville State VA Zip Code 22936-0822

Purpose of Disbursement  
Photography

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	03	2015

Amount of Each Disbursement this Period

375.00
--------

Transaction ID : VQZFMA08FB5

**c. Erin Monaghan**

Mailing Address 213 Huntley Ave

City Charlottesville State VA Zip Code 22903-2989

Purpose of Disbursement  
Event marketing

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	03	2015

Amount of Each Disbursement this Period

70.00
-------

Transaction ID : VQZFMA08ET0

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1045.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 26

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Friends of Jane Dittmar

Full Name (Last, First, Middle Initial)

**A. Erin Monaghan**

Mailing Address 213 Huntley Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2015

City	State	Zip Code
Charlottesville	VA	22903-2989

Purpose of Disbursement  
Services

001

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : VQZFMA08EW6

**B. Erin Monaghan**

Full Name (Last, First, Middle Initial)

Mailing Address 213 Huntley Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2015

City	State	Zip Code
Charlottesville	VA	22903-2989

Purpose of Disbursement  
Gas

002

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

38.78
-------

Transaction ID : VQZFMA08EX4

**c. Erin Monaghan**

Full Name (Last, First, Middle Initial)

Mailing Address 213 Huntley Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2015

City	State	Zip Code
Charlottesville	VA	22903-2989

Purpose of Disbursement  
Marketing

004

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

75.81
-------

Transaction ID : VQZFMA08F08

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1114.59

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 26

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial)

**A. Erin Monaghan**

Mailing Address 213 Huntley Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2015

City	State	Zip Code
Charlottesville	VA	22903-2989

Purpose of Disbursement  
Services

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : VQZFMA08F16

**B. Erin Monaghan**

Mailing Address 213 Huntley Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2015

City	State	Zip Code
Charlottesville	VA	22903-2989

Purpose of Disbursement  
Marketing

004

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : VQZFMA08F24

**c. Erin Monaghan**

Mailing Address 213 Huntley Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2015

City	State	Zip Code
Charlottesville	VA	22903-2989

Purpose of Disbursement  
Services

001

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : VQZFMA08FP2

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2200.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 26

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Friends of Jane Dittmar

Full Name (Last, First, Middle Initial)

**A. Erin Monaghan**

Mailing Address 213 Huntley Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		21		2015

City	State	Zip Code
Charlottesville	VA	22903-2989

Purpose of Disbursement  
Services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : VQZFMA08F31

**B. Erin Monaghan**

Mailing Address 213 Huntley Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		21		2015

City	State	Zip Code
Charlottesville	VA	22903-2989

Purpose of Disbursement  
Marketing

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

58.78
-------

Transaction ID : VQZFMA08F49

**c. Erin Monaghan**

Mailing Address 213 Huntley Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

City	State	Zip Code
Charlottesville	VA	22903-2989

Purpose of Disbursement  
Services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : VQZFMA08ES2

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2058.78



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 26

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Friends of Jane Dittmar**

Full Name (Last, First, Middle Initial) <b>A. Joel Schechtman</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015	
Mailing Address 102 Overlook Dr			
City Charlottesville	State VA	Zip Code 22903-9604	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Services	Category/ Type 001		Transaction ID : VQZFMA08F57
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) <b>B. Joel Schechtman</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2015	
Mailing Address 102 Overlook Dr			
City Charlottesville	State VA	Zip Code 22903-9604	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Services	Category/ Type 001		Transaction ID : VQZFMA08F65
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			
<b>SUBTOTAL</b> of Disbursements This Page (optional).....		1500.00	
<b>TOTAL</b> This Period (last page this line number only).....		10441.84	

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 26 OF 26

FOR LINE NUMBER:  
(check only one)☒ 9  
☐ 10

NAME OF COMMITTEE (In Full)

**Friends of Jane Dittmar**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Jane D Dittmar**Nature of Debt (Purpose):  
Personal loan to campaign

Mailing Address PO Box 277

City State

Zip Code

Charlottesville

VA

22902-0277

Outstanding Balance Beginning This Period

0.00

Transaction ID : VQXH49H7MS7

Amount Incurred This Period

9901.37

Payment This Period

0.00

Outstanding Balance at Close of This Period

9901.37

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

9901.37

2) **TOTALS** This Period (last page this line number only) .....

9901.37

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

9901.37